

Parent's Statement of Expenses and Resources

This form must be completed by all parents regardless of tax filing status.

Student's Name _____

UCLA ID# No. ____ / ____ / ____

Class of 20 _____

Mother's Name _____

Soc. Sec. No. ____ / ____ / ____

Father's Name _____

Soc. Sec. No. ____ / ____ / ____

Please itemize your expenses and resources for the period from January 1 through December 31 for the year 2003:

Expenses

1/1/03 to 12/31/03

Rent or Mortgage Payment

Property Tax (if separate)

Utilities

Insurance

Home/Apartment

Auto Insurance

Other Insurance (i.e. life, theft)

Food

Transportation

(car payments, gas, repairs)

Medical/Dental

Clothing

Recreation

Other (Specify)

Total Expenses

Resources

Income from work - father

Income from work - mother

Interest and dividend income

Social Security benefits

AFDC

Food Stamps

Child Support

Other Income (please specify source)

1. _____

2. _____

Total Resources

The amounts listed above are a true and accurate statement of our family's total expenses and resources.

Mother's Signature

Date

Father's Signature

Date